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ABSTRACT

Many professional counselors have related the positive impact that their own personal counseling has made on their mental health and on their behavior with clients. A national survey of 146 counselors certified by the National Board of Certified Counselors was conducted to determine the extent to which counselors seek out and benefit from personal counseling for their own concerns. The results of the survey revealed that 55% of respondents had received personal counseling themselves. No significant differences were found between counselors who had received counseling and those who had not in the areas of educational degree, work setting, names of programs from which they had graduated, or counseling experience. Those who had never received counseling reported that they either never felt the need for counseling or they received informal support from friends, colleagues, or supervisors. Of the 81 respondents who had received counseling, most had sought counseling for personal problems, followed in frequency by emotional symptoms and self-improvement. Over 90% had received their counseling on an individual basis; 25% had received group counseling; and 33% had been to more than one counselor. Over 90% reported that they would see a counselor again if the need arose and 86.4% reported that the experience of being a client had an impact on their effectiveness in their own work as counselors. (Author/NB)

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Counseling for the Counselor: A National Survey

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RUNNING HEAD: Counseling for the Counselor

A Presentation made at the Annual Meeting of the
American Association for Counseling and Development
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Abstract

A national survey of 310 counselors certified by the National Board of Certified Counselors was carried out to determine the extent that counselors seek out and benefit from personal counseling for their own concerns. This paper reports on the results of this survey. Fifty-five per cent of the counselors responding to the survey had, at some point, received personal counseling. The discussion of the variety of information collected serves as the conclusion of the paper: such issues as type of problem, the value of the learning gained through counseling, the method of selection of the counselor, and the length of the counseling are addressed. Ideas for further research are included.

Counseling for the Counselor: A National Survey

Through a large number of informal conversations, the authors of this study had heard professional counselors relate the positive impact that their own, personal counseling had made on their mental health and on their behavior with clients. If this relationship between personal counseling and counselor effectiveness could be demonstrated more systematically, it might have important implications for counselors' continued growth and development and, also, for preservice training of counselors.

Carkhuff (1969) has suggested that a client has the right to expect that a counselor could resolve a similar problem in his or her own life. Whitfield (1980) has stated that "effective therapy is possible only when the therapist is physically alert and emotionally stable andy yet open to the awareness of both his own and his patients' feelings" (p. 293). This connection between personal counseling and one' effectiveness as a counselor has been further emphasized by Wampler and Strupp (1976), "first hand experience with one's own dynamics is one of the best, if not the best, guarantors of high quality professional work. Conversely, it can be taken as axiomatic that no one can expect to help others deal adequately with an interpersonal difficulty that has not been personally confronted" (p. 201). Parloff, Waskow and Wolfe (1978), in

their review of studies relating to the mental health of the therapist, have concluded that the better the adjustment of the therapist, the more effective s/he is in working with clients.

Personal analysis or psychotherapy have long been part of psychoanalytical training and postgraduate training centers, while clinical and counseling programs generally have not included such therapy as a required part of their training programs. Counselors, like any other group of people, are likely to experience problems and crises throughout their lives, and these problems may be combined with additional stress rising from their constant contact with clients. Deutsch (1985) reported that 82% of her psychologist subjects reported experiencing relationship difficulties sometime in their adult lives and that 57% had experienced depression. Deutsch has also identified a number of stress-producing client behaviors such as suicidal statements, expressions of anger toward the therapist, severe depression, lack of motivation, and premature termination, all of which take an emotional toll on the counselor. Fifty-four percent of Deutsch's sample had sought professional help to deal with their problems. The potential for negative effects of conducting psychotherapy on the therapists' interpersonal functioning has also been described by Guy and Liaboe (1986). Farber and Heifetz (1982) have explored the phenomenon of therapist burnout, especially from repeated experiences of lack of therapeutic success and non-reciprocated attentiveness and

giving which generally characterize the counseling relationship.

Many counselors and therapists from different theoretical orientations and varied work settings have been involved in personal counseling for themselves. Garfield and Kurtz (1974) surveyed 855 members of the American Psychological Association (APA), Division of Clinical Psychology, and found that 63% of those surveyed had received some personal therapy. Gochman, Allgood and Geer (1982) sampled members of the American Association of Behavior Therapy and reported 43% had experienced personal counseling. In a similar sampling of APA's Division 29 (Psychotherapy), Prochaska and Norcross (1983) indicated that 83% of their sample had experienced personal therapy.

The benefits of personal counseling or therapy have been reported by Buckley, Karasu and Charles (1981) who had surveyed 97 psychotherapists who had completed psychotherapy or psychanalysis. They reported improvements over a wide area of functioning including self-esteem, work function, social/sex life, character change, and alleviation of symptoms. They also reported some harmful effects associated with transference and termination problems, but the overall experience of their subjects was largely beneficial. In the Buckley et al. study, the importance of non-specific factors such as warmth and empathy were especially related to a positive treatment outcome in the view of the therapists who received counseling.

Rachelson and Clance's (1980) survey of 192 psychologists

indicated that these subjects viewed personal therapy and professional experience as the most important contributors to professional development, ranking ahead of coursework, faculty, institutes and workshops, colleagues, and professional reading. Ralph (1980) reported the students and supervisors he interview had noted the important skill of learning to use themselves and their feelings in therapy was learned through their own counseling experience. These subjects also noted that their own experience in therapy provided them with a model for how an experienced therapist might function.

Although personal counseling for the counselor makes sense from a theoretical and clinical point of view, and although the incidence of personal counseling is widespread and the testimony of practicing counselors who have been in counseling themselves is favorable, it has not been empirically demonstrated that personal counseling is, indeed, beneficial to client outcome (Garfield, 1977).

Most of the investigations in this area have been generated by analytic or clinically-oriented researchers. Katz, Lorr and Rubenstein (1958) reviewed therapy cases in 13 veterans administration clinics and found that ratings of patient improvement had no relation to whether the therapist had received personal therapy. They did find that patient improvement was related to the therapist's number of years of experience. In another study of the relationship between personal therapy and

changes in Minnesota Multiphasic Personality Inventory (MMPI) scores, Garfield and Bergin (1971) concluded that, in the case of student therapists, some therapy is worse than none, and a lot of therapy is worse than some: Client outcome, as measured by the MMPI, was better for student therapists who had the least amount of personal therapy. Garfield (1977) also reported on an investigation in which he found that supervisory ratings of therapist competence were unrelated as to whether the therapists had or had not experienced therapy themselves.

Strupp (1973) reported on a series of analogue studies in which he found that analyzed therapists, especially those with little experience, gave significantly fewer silent responses, and that experienced therapists whose training had included personal analysis were rated higher in empathy as well as being seen as less punitive and disapproving.

Reviews of Greenberg and Staller (1981) and Clark (1986) have concluded that the available data concerning the effect of personal counseling on client outcomes is, at best, inconclusive. Although there appears to be a relationship between the two, it remains to be demonstrated. In general, the research in this area has not been well controlled; the experience factor has confounded some results; and analogue studies, supervisory ratings, and self-reports have provided most of the data.

It appears that the relationship qualities such as warmth and empathy have a bearing on client outcome and, if personal

counseling enhances these abilities in the counselor, it is assumed (though not directly tested) that this would positively influence client outcome. Wampler and Strupp (1976) have concluded that "while there is no hard evidence in favor of personal therapy, no one to our knowledge has argued that it is dispensable" (p. 201).

The present study is exploratory: it, clearly, is not an empirical test of the impact of personal counseling on counselors. What this research has involved is the collection of basic self-report data from a national sample of counselors (not psychoanalysts, clinical psychologists or psychotherapists). This investigation provides basic self-reported data on the incidence of personal counseling among a systematic sample of counselors who are certified by the National Board of Certified Counselors (NBCC). The training, degree program, work setting and years of professional experience of this group of mental health workers are quite varied, and the information regarding their personal counseling experience will add to the literature already available in this area on other mental health professionals. In addition to the collection of information on the incidence of personal counseling in this sample, a second purpose of the study was to gather information on the perceptions of counselors regarding the impact of personal counseling on their counseling effectiveness.

Method

Survey

A two page survey was developed asking fill-in-the-blank or short answer questions regarding the respondent's experience as a client. Respondents who had received counseling were requested to provide certain demographic information (e.g., degree, position title, work setting, and years of practice as a counselor) and to answer 16 questions concerning reason for seeking counseling, professional training of the counselor, severity of the concern, number of sessions, method of selection of the counselor, effectiveness of the counseling, effect on one's own performance as a counselor, desirability of counseling, and the likelihood that the individual would return to a counselor in a similar situation. Those who had never received counseling were only asked to indicate their reason for never seeking counseling and their demographic information.

Subjects

Using the Register of National Certified Counselors (NBCC, 1985), a systematic sample of 310 counselors was selected. The manner of this selection was that the thirtieth (a number selected at random) name in every column was included in the sample.

Procedure

Questionnaires were sent to each person selected in the sampling. Included in the mailing was a stamped, self-

addressed envelope for returning the completed questionnaire and a post card (also, with stamp) to indicate if the respondent was interested in receiving a copy of the study's results. After three weeks, a follow-up letter, including another copy of the questionnaire, was mailed to every person who had not returned a post card.

Of the total of 310 questionnaires mailed, 70 letters were returned by the postal service due to address changes. Thus, 22.6% of the initial sample had moved from the address given in the 1985 Register of National Certified Counselors. This left, of course, a group of 240 counselors who had the opportunity to respond to the survey. One hundred forty six valid surveys (60.8%) were actually returned.

Results

Eighty-one (55.5%) of the respondents had received personal counseling at some point in their lives. There were no significant differences between the group who had been counseled on the degree level: approximately 79% of both groups were masters degree holders, 4% specialist degrees, and 17% doctoral degrees. However, there were nearly significant differences between the two groups in terms of their work setting. Table 1 includes these data. The group who had been counseled tended to include fewer counselors from school settings and more counselors from agencies, colleges or private practice.

There were also very few differences between the group who

had received counseling and the non counseled group in the names of the programs from which they had graduated. "Counseling" was the most likely degree name (34.9%) followed by "Guidance and Counseling" (24.6%), "Counseling and Guidance" (7.5%), "Counselor Education" (5.5%), "Counseling Psychology" (4.1%) and "Clinical Psychology" (2.0%). The remaining respondents (21.2%) reported a wide variety of some 22 additional degree programs including, for example, "Human Resources Development," "Educational Administration," "Pastoral Counseling" and "Family Counseling." None of this substantial group of additional program titles had more than two people who had listed the same major.

Finally, the two groups did not differ in terms of counseling experience [$t(139) = 1.51$, $p<.13$]. The counseled group averaged 11.1 years of experience to the non counseled group's 12.7 years.

The 65 counselors who had indicated that they never had received counseling indicated that they had never pursued counseling for the following reasons: 54.5% "never felt the need for counseling," 42.4% "had received informal help from friends, colleagues or supervisors," and 3% indicated some other reason.

The remainder of the data relate only to the 81 respondents who had received counseling. The types of problem areas that led to counseling are included in Table 2. Respondents were allowed to check more that one area of concern, and therefore, percentages do not total to 100%. The most common concern was a

"personal problem" (65.4%) with "emotional symptoms" (28.4%) and "self-improvement" (28.4%) being indicated by a substantial number of individuals. All other choices were included by less than 15% of the participants.

In response to a question on the severity of the counseling concern, 54.3% indicated "mildly severe," 37.0% "moderately severe," and 8.6% "severe." Despite the relative lack of severity, 30.9% met with their counselors for more than twenty sessions. "One to five sessions" with a counselor was the next most likely response (24.7%) with "6 to 10 sessions" at 16.0%, "11 to 15" at 18.5%, and "16 to 20 sessions" at 9.9%.

Just over ninety percent of the counselors had received counseling on an individual basis. Twenty-five percent had received counseling in a group situation. Since these two percentages exceed one hundred percent, it is clear that a number of people have seen more than one counselor. In fact, a third of the sample had been to more than one counselor in their life time. (In slightly more than half the cases, more than one counselor was sought because of a move from one city to another.)

Selection of a counselor was made on a variety of bases, some of which may have occurred in conjunction with one another. Table 3 presents the data related to the question on counselor selection. The reputation of the counselor (63%) was the most common reason for selection of that person. Availability (25.9%), direct referrals (17.3%), and theoretical orientation

(13.6%) also seemed to play important roles in some selection decisions.

In response to a question asking for an effectiveness rating of the counselor, 48% gave their counselors the highest possible rating. About 5% rated the counselor with the lowest rating. The remaining 47% rated their counselors in the middle ranges. The average rating on this 5-point scale was 4.02. Additionally, a question asking if the respondents "would be likely to seek assistance from a counselor if the need arose again in the future" was responded to positively by 92.6%.

Did the experience of being a client have an impact on the effectiveness of the counselor in his/her own work? From the respondents self-reports, the answer to this question would be a definite "yes" (86.4% indicated agreement). Seventy-three percent perceived their "style or approach" as having been influenced; fifty-six percent believed they had become "more effective" in their counseling; and twenty-two percent felt their "theoretical orientation" had been changed.

Not all counselors, as might be anticipated, chose counselors with the title "Counselor." Thirty-seven percent went to "Psychologists;" 21 percent to "Psychiatrists;" 20 percent to "Social Workers;" and 35 percent to "Counselors." There were no significant differences in effectiveness ratings based on the title of counselor [F (3,76)=2.27, p<.09].

Table 5 presents the responses indicating how long ago the

individual's counseling had occurred. Sixty-five percent of the counseling had happened within the past 10 years, with about five percent of the sample indicating that their counseling had occurred on two occasions separated in time by a considerable number of years.

Few of the counselors (8.9%) indicated that experience as a client had been a requirement of their graduate training programs. Thus, for most, the counseling that had been received was sought on a totally voluntary basis. Related to the question on whether counseling had been part of graduate training, 54.9% of the counselors indicated that they felt counseling was "desirable" in order to function as a professional counselor. Another 34.1% believed counseling to be "both desirable and necessary." Slightly under 10%, however, indicated that counseling was "neither desirable nor necessary" for functioning as a professional counselor.

Discussion

One issue that, of course, must be addressed in attempting to make sense of the results of this survey is that 22.6% of all of the surveys were never delivered. Although it may be an incorrect assumption, it is possible that those certified counselors who have moved in the past three years (the list used for the sample was put together in 1985) may be a younger group than those who received questionnaires. The average years of experience for the group who responded was between 11 and 12

years: this tends to be a fairly well established group of people. If the sample had included many more counselors with limited experience, the results might have been somewhat different.

A second consideration is that, despite a fairly good response rate for this type of study (60.8%), there were 39.2% of the original sample who received two copies of the survey and two solicitation letters and still chose not to return a response. There is no way to know what makes the non-respondents different from those who returned surveys, but it does seem likely that a person who has been through counseling would be more likely to answer the requests for the information asked for on this survey than would an individual with no experience as a client. Thus, it may be that the estimate of 55.5% of nationally certified counselors who had, at one time, been clients may be substantially higher than is actually true. Although the 55.5% estimate may be unrealistically high, it is interesting to note that it is (a) lower than Garfield and Kurtz's (1974) estimate that 63% of clinical psychologists had received therapy, (b) substantially lower than Prochaska and Norcross's (1983) 83% estimate of psychotherapists (APA Division 29), and (c) slightly higher than the 43% estimate by Allgood and Geer (1982) concerning behavior therapists who have been clients.

One of the survey's open ended questions attempted to address the impact of counseling on the counselor in more depth.

This question asked: "If you believe your counseling effectiveness was enhanced as a result of your own counseling experience, please describe the area(s) in which you became more effective." Sixty people wrote replies to this question. Some of these individuals included more than one factor related to their counseling effectiveness. The responses fell into four different categories (See Table 4): increased empathy or sensitivity to the client, experience of the client role, a broad category related to process and technique-related issues, and self-understanding. The process and techniques area seemed to reflect an important modeling effect related to many issues regarding the counseling process, including counseling techniques and skills. Two people reported having learned first hand what not to do in counseling from counselors who were insensitive to their concerns.

The responses counselors made to this question generally correspond to what Nierenberg (1972) described as the four chief purposes of personal analysis for psychiatric residents. These included:

1. to enhance the analyst's ability to conduct therapy as a more sensitive and unbiased clinical observer whose "blind spots" and countertransference potential have been investigated. (This corresponds quite directly to the "increased empathy/sensitivity" category from the present study.)

2. to develop in the trainee a sense of conviction about the reality of the theory and method of treatment employed, by demonstrating their personal relevance. ("experience of the client role")

3. to facilitate the mastery of technique by providing a first hand model. ("Better Understanding of Process or Enhanced Techniques/Skills")

4. to make the therapist's life less neurotic and more gratifying, so that the stresses of conducting therapy can be better tolerated. ("self-understanding")

The responses to the open ended question on the influence of counseling on the counselor's effectiveness also indicate that many of the behavioral "ingredients of psychotherapy" (Gottman & Markman, 1978) are modeled, learned, and later transferred by the counseled counselors to their own clients.

On the basis of their own self-reports, the counselors in this study have greatly benefited from their exposure to counseling in the client's role. They rated their counselors very highly (M = 4.02 on a 5-point effectiveness scale). Nearly a third of the counselors continued to see their own counselors for more than twenty sessions. This perseverence in counseling is considerably higher than that of "clients-in-general," who average about 3 sessions with a counselor. Furthermore, these counselors indicated overwhelmingly (92.6%) that they would return to counseling again if "the need arose again in the

future."

More research, of course, needs to be carried out in the general area of "counseling for the counselor." After having completed this preliminary survey, the present authors recommend at least the following as possible follow-up research topics:

1. Is the increased effectiveness experienced by "counseled" counselors perceivable in their clients?

2. Are the changes in counseling behavior, that are attributable counseling experience, such that they have an impact on subsequent client growth and change?

3. What is the most beneficial time for a counselor to receive counseling? Nearly two thirds of this sample received counseling within ten years of the beginning of their careers as counselors. There has been some evidence that counseling before graduation may not be the best time (Garfield & Bergin, 1971); this would seem particularly true if the student is not currently experiencing any particularly difficult personal concerns. Further research may be necessary to help address the most effective time for therapy.

4. What are the factors leading to the selection of the specific counselor? Who does one approach for a referral? How is it decided to approach someone whose title is psychologist, social worker, counselor or psychiatrist?

5. Is it possible that clearest changes in the counselor who has been a client are in the realm of beliefs and attitudes?

It seems that a person experiencing a successful series of counseling sessions must, in the process, learn that counseling works. Even when progress is slow, it may be easier for that counselor to trust that the process will eventually benefit the client. Such an expectation of effectiveness may be difficult to measure, but it certainly would have impact upon the on-going work of that counselor. Is there more, perhaps, that one could learn about the impact of counseling on the counselor by more direct methods, such a personal interview?

These and, certainly, other equally valid questions will need to be addressed by future research.

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Table 1.

Work Settings of Those Counselor Who Have and Have Not Received Personal Counseling

	Counseled	Not Counseled
Work Setting		
Schools	29 (35.8%)	35 (53.8%)
College/University	18 (22.2%)	7 (10.8%)
Private Practice	13 (16.0%)	7 (10.8%)
Community Agency	16 (19.7%)	8 (12.3%)
Other	5 (6.2%)	8 (12.3%)

Chi Square (4 degrees of freedom) = 8.91, $p < .07$

Table 2. Problems Areas Leading Counselors to Seek Personal Counseling (more than one concern could be indicated)

Problem Area	Frequency (Percent) With this Problem
Personal Problem	53 (65.4%)
Emotional Symptoms	23 (28.4%)
Self Improvement	23 (28.4%)
Professional Concerns	12 (14.8%)
Marital/Family Issues	12 (14.8%)
Spiritual Concerns	9 (11.1%)
Alcohol/Drug Issues	5 (6.2%)
Physical Symptoms	3 (3.7%)

Total Individuals Responding = 81

Table 3. Factors Related to the Selection of a Counselor

Selection Factor	Frequency (and Percent) of Response
Reputation of the Counselor	51 (63.0%)
Availability of the Counselor	21 (25.9%)
Direct Referral	14 (17.3%)
Theoretical Orientation	11 (13.6%)
Desire for Anonymity	4 (4.9%)

Table 4. Summary of the Responses to Ways in Which The Counselor's Own Experience as a Client has Helped Counseling Effectiveness

Categories of Response	Frequency (and Percentage)
Better Understanding of Process or Enhanced Techniques/Skills	34 (56.7%)
Increased Empathy/Sensitivity	27 (45.0%)
Increased Self-Understanding	19 (31.7%)
Experience in Client Role	9 (15.0%)

Table 5. At What Point in Time did the Counseling Occur?

Category	Frequency (and Percentage)
1 - 5 years ago	26 (33.3%)
6 - 10 years ago	25 (32.1%)
11 - 15 years ago	16 (20.5%)
16 - 20 years ago	5 (6.4%)
over 20 years ago	2 (2.6%)
Counseling has Occurred more than on one occasion - with a wide separation in time	4 (5.1%)